

**SITE REVIEW FORM (VENDED PROGRAMS)**  
**SUMMER FOOD SERVICE PROGRAM**

NOTE: To be completed during first four weeks of operations.

Sponsor: \_\_\_\_\_ Site: \_\_\_\_\_

Site contact: \_\_\_\_\_  
Name Title

Site address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Date of review: \_\_\_\_\_

Monitor's arrival time: \_\_\_\_\_ Departure time: \_\_\_\_\_

Site supervisor: \_\_\_\_\_

Regular site: \_\_\_\_\_ Camp site: \_\_\_\_\_ Average daily participation: \_\_\_\_\_  
(if applicable)

Today's attendance: \_\_\_\_\_ Approved meal service time: \_\_\_\_\_

Type(s) of meals reviewed:

	Breakfast	Snack	Lunch	Snack	Supper
Approved level(s) of meal service	_____	_____	_____	_____	_____

Day of visit	Breakfast	AM Snack	Lunch	PM Snack	Supper
# meals delivered					
# meals/milk from previous day					
Time meals delivered					
Time meals served					
# first meals served to children					
# second meals served to children					
# meals served to Program adults					
# meals served to non-Program adults					
# meals leftover					



